

**PROVIDER TYPE 29 ( IMPACT PLUS) LOCAL CODES TO NEW COMMUNICATION  
SPREADSHEET  
Effective 10/16/03**

LOCAL CODE	DESCRIPTION	UNIT VALUE	NEW CODE	UNIT VALUE	MODIFIER	DESCRIPTION	RATE
X0050	OTHER PROFESSIONAL OUTPATIENT INDIVIDUAL	15 MIN	90804	15 MIN	U1	PSYCHIATRIST	\$36.75 (PSYCHIATRIST) \$19.60
X0051	OTHER PROFESSIONAL OUTPATIENT GROUP	15 MIN	90853	15 MIN			\$7.35
X0058	OTHER PROFESSIONAL OUTPATIENT COLLATERAL	15 MIN	90887	15 MIN			\$19.60
X0060	OTHER PROF HOME/THERAP CHILD SUPPORT VISIT	1 HOUR	H2021	15 MIN	HS, HM, HN	PARENT TO PARENT, THERAPEUTIC CHILD SUPPORT STAFF, THERAPEUTIC CHILD SUPPORT PROFESSIONAL	<b>\$6.46 (PARENT TO PARENT)</b> <b>\$5.39 (TCS PARAPROF)</b> <b>\$7.49 (TCS PROF)</b>
X0064	CASE MANAGEMENT	1 MONTH	T2023	1 MONTH			\$300.00
X0072	INSTITUTIONAL RESPIRE/PARTIAL HOSPITALIZATION	1 HOUR	90816	30 MIN			<b>\$19.41</b>
X0073	CHILDREN'S DAY HABILITATION/TREATMENT	1 HOUR	H2012	1 HOUR			\$19.60
X0080	BEHAVIOR SUPPORT/INTENSIVE OUTPATIENT	1 HOUR	90899	1 HOUR			\$19.42
X0081	PSYCHOLOGICAL SERV/CRISIS STABILIZATION	PER DAY	S9485	PER DAY			\$246.25
X0086	LEISURE SERVICES/AFTER SCHOOL SUMMER PROGRAM	1 HOUR	H2019	15 MIN	UG	AFTER SCHOOL PROGRAM	<b>\$4.29</b>
X0089	FAM HOME RESIDEN/THERAPEUTIC FOSTER & GROUP	PER DAY	S5145	PER DAY	HQ	GROUP SETTING	\$171.91 (GROUP SETTING) \$90.14 (FOSTER CARE)
XH100	ASSESSMENT PROCEDURE	1 HOUR	T1023	1 HOUR			\$78.40

**Note1: Please refer to official CPT and HCPCS publications for entire definition of replacement codes.**

**Note2: Please refer to Kentucky Medicaid Billing Instructions for the appropriate unit(s) billing requirements.**

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